

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/787256</b>	FILING DATE	
CLAIMS						APPLICANT(S)		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51		
2						52		
3						53		
4	3					54		
5	1					55		
6	1					56		
7	1					57		
8	1					58		
9	1					59		
10	1					60		
11						61		
12						62		
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42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	6	2		2		TOTAL IND.		
TOTAL DEP.	9	21		19		TOTAL DEP.		
TOTAL CLAIMS	10	23		21		TOTAL CLAIMS		

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE  
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